

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90009 037 *****61.25

DOCUMENT # N42280

1. Entity Name
BAY COUNTY SMALL BUSINESS INCUBATOR, INC.



Principal Place of Business
**2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US**

Mailing Address
**2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US**

54062764



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3073391

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BABER, LEWIS E.
2500 MINNESOTA AVENUE
LYNN HAVEN, FL 32444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **HAMM, JACK**
STREET ADDRESS **11 PANAMA CITY MARINA**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLEMONS, GIRARD, JR.**
STREET ADDRESS **438 COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BABER, LEWIS E**
STREET ADDRESS **2500 MINNESOTA AVE**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **JINKS, RUSSELL**
STREET ADDRESS **509 HARRISON AVE SUITE 206**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DAVIS, DOUG**
STREET ADDRESS **2500 MINNESOTA AVE.**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DARRAH, JOHN**
STREET ADDRESS **227 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doug Davis *W. Davis (Sec)*

7/8/04 *850-271-1108*